COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [x] sole/[] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Computerized Recording and Notification of the Delivery and Pickup of Retail Goods

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the spe	cification of which		•				
(a) []	Is attached hereto.		•	•			
(p) []	was filed on as Application Serial No and was an on						
(c) [X]	was described and 5, 2001 and an		emetional Application No. <u>PCT/US01/18061</u>	filed on <u>June</u>			
Acknowledgment of Duty of Disclosure I hereby state that I have reviewed and understood the confent of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). 35 U.S.C. § 120 I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) of any PCT International application designating the United States of America, Listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this							
applicat	tion:	ю риог арриод	don and the maillonal of PCT international min	ig date of this			
(Application	on Serial No.)	(Filing Date)	(Status)(parented,panding,abandoned)	(Patent No. if applicable)			
(Application	on Serial No.)	(Filing Date)	(Slatus)(patented.pending,sbandoned)	(Patent No. if applicable)			
			Power of Attorney	,			
l hereby transact	v appoint practitione t all business in the	rs at customer Patent and Tra	no. 21121 as attorneys to prosecute this app demark Office connected therewith.	lication and to			
SEND	O21121	o:	DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600				
		•					

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OPPEDANL LARSON LLP

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Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or \$85(b) of any foreign application(s) for patent or inventor's certificate, or \$85(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION							
COUNTRY	APPLICATION NO,	DATE OF FLING (dephase)	CATE OF ISSUE	PRIORITY CLANSED	CERTIFIED CORY ATTACHED		
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COUNTRY	APPLICATION NO.	DATE OF FLING	DATE OF ISSUE				
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Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(a) of any United States provisional application(s) Ested below.

60/209.149	June 3, 2000	
(application number)	(filing data)	
60/245,504	November 3, 2000	• •
(application number)	(Ming clate)	•
60/228.555	August 28, 2000	
(application number)	(filling date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and turber that these statements are made with the knowledge that willful false statements and the like so made are purishable by fine or impresonment or both, under Section 1001 of Title 18 of the United States Code and that such withid take distantants may jeoperalize the validity of the application or any patent issued thereon.

NAME OF SOLE OR PIRST INVENTOR	LAST NAME Stevens	PIRST NAME John	WOOLS NAME K.	
RESIDENCE A CITEMISHE	CITY OF RESIDENCE	STATE OR COUNTRY OF RESEDENCE	COUNTRY OF CITZENSIAP CANADA CAX	
POST OFFICE ADDRESS 89 Raxporough Street East		GITY Texternia	BTATE/COUNTRY ZIP CODE Ontarto, CANADA MAW 1VB	
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